HOUSE BILL No. 1837

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-11-1.1-10.

Synopsis: Provider assessments. Allows the office of Medicaid policy and planning to assess providers of supported living services and support to individuals with a developmental disability an amount not to exceed: (1) \$75 per month per individual served in a 24-hour a day setting; or (2) \$25 per month per individual served in a setting other than a 24-hour a day setting. Creates the community services assessment account to be used for services for which a federal financial participation under Medicaid is available to match state funds. Allows money in the fund to be used to enhance community capacity for certain services through increases in reimbursement rates. Terminates assessment authority if federal financial participation ceases.

Effective: July 1, 2003.

Summers

January 23, 2003, read first time and referred to Committee on Ways and Means.





First Regular Session 113th General Assembly (2003)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2002 Regular or Special Session of the General Assembly.

HOUSE BILL No. 1837

A BILL FOR AN ACT to amend the Indiana Code concerning Medicaid and to make an appropriation.

Be it enacted by the General Assembly of the State of Indiana:

SEC	TION	N 1.	IC 1	2-11-1.	1-10 IS	S AD	DED TO) THI	E IND	IANA
CODE	AS	A	NEV	V SEC	CTION	TO	READ	AS	FOLI	LOWS
[EFFEC	CTIV	ΕД	JLY :	1, 2003]: Sec.	10. (a) The	office	may	asses
provid	ers of	f sup	port	ed livin	ıg servi	ces ai	nd supp	orts (descri	bed ir
460 IA	C 6)	to i	ndivi	duals v	vith a	devel	opmenta	ıl disa	bility	in ar
amoun	t not	to e	xceed	:						

- (1) seventy-five dollars (\$75) per month per individual served in a twenty-four (24) hour a day setting; and
- (2) twenty-five dollars (\$25) per month per individual served in a setting other than a twenty-four (24) hour a day setting.
- (b) The assessments shall be paid to the office not later than the tenth day of the month for each month that the individual is in service. The office or the office's designee may withhold Medicaid payments to a provider described in subsection (a) that fails to pay an assessment within thirty (30) days after the due date. The amount withheld may not exceed the amount of the assessments due.



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(c) Revenue from the assessments shall be credited to a special
account within the state general fund to be called the community
services assessment account. Money in the community services
assessment account is annually appropriated for the purposes
described in this section. Money in the account may be used only
for services for which federal financial participation under
Medicaid is available to match state funds. An amount equivalent
to not less than seventy-five percent (75%) of the federal financial
participation estimated to be received for services financed from
assessments under subsection (a) shall be used to enhance
community capacity for these services through increases in rates
to be paid to providers for the purposes of increasing compensation
• • • • • •
or benefits to direct care service workers.

(d) If federal financial participation to match the assessments in subsection (a) becomes unavailable under federal law, the authority to impose the assessments terminates on the date that the federal statutory, regulatory, or interpretive change takes effect.



